MONTANA LEGISLATIVE HISTORY

Chapter 198 1997

Bill H _____ S 144 Original bill & history ✓ C

H. Committee on Business & Labor

Hearing Date(s) ~~2/3~~ 2/4 ✓ C

_____ C

_____ C

_____ C

Date Out _____ C

S. Committee on Public Health, Welfare & Safety

Hearing Date(s) 1/22 ✓ C

2/5 ✓ C

_____ C

_____ C

Did this bill originate in an interim committee? ____Yes ✓ No

Committee _____ Report _____

LEGISLATIVE HISTORIES

The 1997 Montana Legislature dramatically changed the nature of legislative minutes. This altered format continues with the 1999 legislative minutes. The minutes from House committees are extremely sparse in content, offering no substantive information from which to glean legislative intent. The Senate committees' minutes are fuller in content.

Exhibits, which include written statements, attendent information, roll call votes, roll call attendance, a list of those from the public who were present, and specific action taken on legislative bills, will be available only through the Historical Society Archives, 444-4774, and from a CD-ROM produced by the Legislative Services Division, 444-3064.

Just as in the 1997 legislative session, the 1999 House and Senate committee hearings were recorded. For information on accessing the tapes, or purchasing them, contact the Archives, 444-4774.

If you have concerns over the format of these legislative minutes, it is suggested that you contact your state legislators.

COMPENSATE FOR CERTAIN PROPERTY DAMAGE CAUSED BY SUBSIDENCE; REQUIRING REPLACEMENT OF A WATER SUPPLY THAT IS CONTAMINATED, DIMINISHED, OR INTERRUPTED BY UNDERGROUND COAL MINING OPERATIONS; PROVIDING THAT AN OPERATING PERMIT IS REQUIRED FOR ALL UNDERGROUND INJECTION MINING OF URANIUM; CLARIFYING PROSPECTING PERMIT REQUIREMENTS; MODIFYING REVEGETATION REQUIREMENTS; AMENDING SECTIONS 82-4-203, 82-4-226, 82-4-233, AND 82-4-235, MCA; AND PROVIDING EFFECTIVE DATES AND A RETROACTIVE APPLICABILITY DATE. 926

197 *(House Bill No. 412; Bergman)* AN ACT REVISING THE DEFINITION OF "HEALTH CARE PROVIDER" FOR THE AIDS PREVENTION ACT TO ALLOW AN OUT-OF-STATE HEALTH CARE PROVIDER TO ORDER AN HIV TEST FOR INSURANCE COMPANIES; AMENDING SECTION 50-16-1003, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE. 934

198 *(Senate Bill No. 144; Keating)* AN ACT PROVIDING FOR THE INCLUSION OF PARTICIPATING OBSTETRICIANS AND GYNECOLOGISTS AS PRIMARY CARE PHYSICIANS; PROVIDING THAT A HEALTH BENEFIT PLAN MAY NOT REQUIRE A REFERRAL FROM A PRIMARY CARE PHYSICIAN AS A CONDITION FOR THE COVERAGE OF THE SERVICES OF AN OBSTETRICIAN OR GYNECOLOGIST; PROVIDING COVERAGE FOR SERVICES PROVIDED BY AN ADVANCED PRACTICE REGISTERED NURSE IN COLLABORATION WITH THE PARTICIPATING OBSTETRICIAN OR GYNECOLOGIST; REQUIRING NOTICE TO COVERED PERSONS; AMENDING SECTIONS 33-22-101 AND 33-31-111, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE. 937

199 *(House Bill No. 63; Harrington)* AN ACT REALLOCATING THE PROCEEDS OF THE SALES TAX ON NEW MOTOR VEHICLES BY DEPOSITING $1 PER VEHICLE IN A SPECIAL REVENUE ACCOUNT; PROVIDING THAT THE REALLOCATED FUNDS BE USED BY THE DEPARTMENT OF COMMERCE TO ADMINISTER THE NEW VEHICLE WARRANTY LAWS; AMENDING SECTION 61-3-502, MCA; AND PROVIDING AN EFFECTIVE DATE. 941

200 *(House Bill No. 532; Barnett)* AN ACT GENERALLY REVISING THE LAWS RELATING TO MOBILE HOMES AND MANUFACTURED HOMES; DEFINING "MANUFACTURED HOME"; ALLOWING FOR THE UNTITLING AND RETITLING OF A MANUFACTURED HOME; TREATING A MANUFACTURED HOME AS A MOBILE HOME FOR PURPOSES OF TAXATION; CHANGING THE DATES FOR THE PAYMENT OF PERSONAL PROPERTY TAXES ON A MOBILE OR MANUFACTURED HOME; REQUIRING THAT ALL TAXES ON A MOBILE HOME BE PAID BEFORE A TRANSFER OF INTEREST CAN OCCUR; AMENDING SECTIONS 7-13-4502, 15-1-101, 15-6-134, 15-8-201, 15-8-205, 15-16-202, 15-24-201, 15-24-202, 15-24-203, 15-24-204, 15-24-205, 15-24-206, 15-24-208, 15-24-209, 15-24-210, 15-32-102, 61-3-207, 61-3-303, 61-3-503, AND 69-12-331, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE. 943

201 *(House Bill No. 224; Kitzenberg)* AN ACT AMENDING FIRE AND SAFETY REQUIREMENTS FOR FUEL TANKS ON FARMS AND RANCHES; PROVIDING FOR WRITTEN WARNING NOTICES FOR FARM AND RANCH TANK VIOLATIONS; AMENDING SECTION 50-3-103, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE. 958

SB 144 INTRODUCED BY KEATING, ET AL. *LC0571 DRAFTER: FOX*

PROVIDE FOR THE INCLUSION OF PARTICIPATING OBSTETRICIANS AND GYNECOLOGISTS AS PRIMARY CARE PHYSICIANS

1/09	INTRODUCED		
1/09	FIRST READING		
1/09	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
1/22	HEARING		
2/07	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/11	2ND READING PASSED	50	0
2/12	3RD READING PASSED	50	0
	TRANSMITTED TO HOUSE		
2/13	FIRST READING		
2/13	REFERRED TO BUSINESS & LABOR		
3/04	HEARING		
3/05	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
3/15	2ND READING CONCURRED	93	5
3/17	3RD READING CONCURRED	94	5
	RETURNED TO SENATE WITH AMENDMENTS		
3/19	2ND READING AMENDMENTS CONCURRED	50	0
3/20	3RD READING CONCURRED AS AMENDED	50	0
3/25	SIGNED BY PRESIDENT		
3/26	SIGNED BY SPEAKER		
3/26	TRANSMITTED TO GOVERNOR		
4/02	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 198		
	EFFECTIVE DATE: 04/02/97		

SB 145 INTRODUCED BY BISHOP *LC0506 DRAFTER: PETESCH*

CLARIFY THE BAR AGAINST SUBSEQUENT PROSECUTION AFTER A FORMER PROSECUTION IN ANOTHER JURISDICTION

1/09	INTRODUCED		
1/09	FIRST READING		
1/09	REFERRED TO JUDICIARY		
1/17	HEARING		
1/21	COMMITTEE REPORT—BILL PASSED AS AMENDED		
1/23	2ND READING PASSED	49	0
1/24	3RD READING PASSED	48	0
	TRANSMITTED TO HOUSE		
1/25	FIRST READING		
1/25	REFERRED TO JUDICIARY		
3/10	HEARING		
3/11	COMMITTEE REPORT—BILL CONCURRED		
3/15	2ND READING CONCURRED	97	1
3/17	3RD READING CONCURRED	99	1
	RETURNED TO SENATE		
3/19	SIGNED BY PRESIDENT		
3/21	SIGNED BY SPEAKER		
3/21	TRANSMITTED TO GOVERNOR		
3/26	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 162		
	EFFECTIVE DATE: 03/26/97		

SB 146 INTRODUCED BY BISHOP, ET AL. *LC0035 DRAFTER: EVERTS*

SET UNIFORM STATE AMBIENT SULFUR DIOXIDE STANDARDS

1/09	INTRODUCED
1/09	FIRST READING

SB BILL NO. 144

INTRODUCED BY Keating Brookbank Eck Boston Wyatt Holden

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR THE INCLUSION OF PARTICIPATING OBSTETRICIANS AND GYNECOLOGISTS AS PRIMARY CARE PHYSICIANS; PROVIDING THAT A HEALTH BENEFIT PLAN MAY NOT REQUIRE A REFERRAL FROM A PRIMARY CARE PHYSICIAN AS A CONDITION FOR THE COVERAGE OF THE SERVICES OF AN OBSTETRICIAN OR GYNECOLOGIST; REQUIRING NOTICE TO COVERED PERSONS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE."

WHEREAS, the specialty of obstetrics and gynecology is devoted to primary and preventative health care of women throughout their lifetime; and

WHEREAS, significant numbers of women view their obstetrician and gynecologist as their primary or only physician; and

WHEREAS, for many women, an obstetrician or gynecologist is often the only physician they see regularly during their reproductive years; and

WHEREAS, a general medical examination was the second most frequently cited purpose for patient visits to obstetricians and gynecologists in 1989 and 1990; and

WHEREAS, obstetricians and gynecologists refer their patients less frequently than other primary care physicians, thus avoiding costly and time-consuming referrals to specialists.

STATEMENT OF INTENT

A statement of intent is required for this bill because [section 7] grants rulemaking authority to the commissioner of insurance. The rules adopted by the commissioner must establish standards for health benefit plans to ensure that:

(1) obstetricians or gynecologists who wish to accept primary care physician status under health benefit plans may do so as long as they meet other criteria with regard to selection and credentials;

(2) health benefit plans must permit a covered person to select a participating obstetrician or gynecologist as a primary care physician;

(3) a covered person who does not select a participating obstetrician or gynecologist as a primary

care physician may have direct access to a participating obstetrician or gynecologist for obstetrical and gynecological services;

(4) health benefit plans provide notice of the options to select a participating obstetrician or gynecologist as a primary care physician or to use self-referral for obstetrical and gynecological services; and

(5) health benefit plans do not surcharge or impose additional deductibles or copayments for the options in [sections 3 and 4] if other plan services are not similarly surcharged or additional deductibles or copayments are not imposed.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Scope -- purpose.** The provisions of [sections 1 through 8] apply to all health benefit plans offered to persons who receive health care services in this state. The purpose of [sections 1 through 8] is to ensure that obstetricians and gynecologists may be participating primary care physicians under health benefit plans offered to patients who receive health care services in this state and that persons covered by health benefit plans have direct access to the services of a participating obstetrician or gynecologist of their choice.

NEW SECTION. **Section 2. Definitions.** As used in [sections 1 through 8], the following definitions apply:

(1) "Covered person" means a policyholder, subscriber, certificate holder, enrollee, or other individual who is participating in a health benefit plan.

(2) "Health benefit plan" means any individual or group plan, policy, certificate, subscriber contract, contract of insurance provided by a prepaid hospital or medical service plan, health maintenance organization subscriber contract, or contract for health care services that is issued, delivered, issued for delivery, or renewed in this state by a health carrier or publicly funded health care program that pays for, purchases, or furnishes health care services to covered persons who receive health care services in this state. For the purposes of [sections 1 through 8], a health benefit plan located or domiciled outside of the state of Montana is subject to the provisions of [sections 1 through 8] if it receives, processes, adjudicates, pays, or denies claims for health care services submitted by or on behalf of covered persons who reside

or who receive health care services in the state of Montana.

(3) "Health carrier" means a disability insurer, health care insurer, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, health service corporation, health care service plan, preferred provider organization or arrangement, multiple employer welfare arrangement, or any other person, firm, corporation, joint venture, or similar business entity.

(4) "Obstetrician or gynecologist" means a physician who is board-eligible or board-certified by the American board of obstetrics and gynecology.

(5) "Participating obstetrician or gynecologist" means an obstetrician or gynecologist who is employed by or under contract with a health benefit plan and includes certified advanced practice registered nurses practicing in collaboration with and under the supervision of the participating obstetrician or gynecologist.

(6) "Primary care physician" means a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referrals for specialist care.

NEW SECTION. **Section 3. Obstetricians or gynecologists as primary care physicians.** (1) Each health benefit plan must include obstetricians and gynecologists as primary care physicians. The health carrier that provides the health benefit plan shall contract with a sufficient number of obstetricians and gynecologists to ensure that covered persons have access to the options under this section without unreasonable delay. An obstetrician or gynecologist may not be required to accept primary care physician status if the obstetrician or gynecologist does not wish to be designated as a primary care physician. A health benefit plan must use the same criteria with regard to credentials and other selection criteria for a participating obstetrician or gynecologist as are usually applied by the health benefit plan with respect to other physicians who are participating in the health benefit plan.

(2) Each health benefit plan must allow a covered person to select any participating obstetrician or gynecologist of the covered person's choice as the covered person's primary care physician.

NEW SECTION. **Section 4. Self-referral for obstetrical or gynecological care permitted.** (1) A health benefit plan must permit self-referral to any participating obstetrician or gynecologist by a covered person who has not selected a participating obstetrician or gynecologist as the covered person's primary care

physician. This self-referral must be allowed without prior authorization or precertification from the health benefit plan or the covered person's primary care physician and is for the purpose of receiving any obstetrical or gynecological examination or care and primary and preventative obstetrical and gynecological services required as a result of any obstetrical or gynecological examination or condition.

(2) The services covered by this section are limited to those services defined by the published recommendations of the accreditation council for graduate medical education for training as an obstetrician or gynecologist, including but not limited to diagnosis, treatment, and referral.

(3) The participating obstetrician or gynecologist shall comply with the health benefit plan's coordination and referral policies. The health benefit plan may require the participating obstetrician or gynecologist to whom the covered person self-refers to discuss with the covered person's primary care physician any services or treatment the participating obstetrician or gynecologist recommends for the covered person.

(4) Self-referral under this section may not affect the covered person's coverage under the health benefit plan. It is the intent of this section that a covered person must at all times have direct access to the services of a participating obstetrician or gynecologist of the covered person's choice under any health benefit plan.

NEW SECTION. **Section 5. Surcharges not allowed.** A health benefit plan may not impose a surcharge or additional copayments or deductibles upon a covered person who seeks or receives health care services under [section 3 or 4] unless similar surcharges or additional copayments or deductibles are imposed for other types of health care services not described in [sections 3 and 4].

NEW SECTION. **Section 6. Disclosure.** Each health benefit plan shall disclose in all of its plan literature, in clear accurate language, the covered person's option to seek the care described in [sections 1 through 8] without preapproval, preauthorization, or referral.

NEW SECTION. **Section 7. Rulemaking authority.** The commissioner shall adopt rules necessary to implement the provisions of [sections 1 through 8].

NEW SECTION. **Section 8. Enforcement.** If the commissioner determines that a health benefit plan

does not comply with [sections 1 through 8] or that a health carrier has not complied with a provision of [sections 1 through 8], the commissioner may:

(1) recommend a correction plan that must be followed by the health carrier;

(2) institute corrective action that must be followed by the health carrier;

(3) suspend or revoke the certificate of authority or deny the health carrier's application for a certificate of authority; or

(4) use any of the commissioner's enforcement powers to obtain the health carrier's compliance with [sections 1 through 8].

NEW SECTION. **Section 9. Codification instruction.** [Sections 1 through 8] are intended to be codified as an integral part of Title 33, chapter 22, and the provisions of Title 33, chapter 22, apply to [sections 1 through 8].

NEW SECTION. **Section 10. Severability.** If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

NEW SECTION. **Section 11. Applicability.** [This act] applies to each health benefit plan that is issued, delivered, issued for delivery, or renewed in Montana on or after October 1, 1997.

NEW SECTION. **Section 12. Effective date.** [This act] is effective on passage and approval.

-END-

SENATE PUBLIC HEALTH, W & S

- BILL NO - REFERRED - HEARING - OTHER CONSIDERATION DATES - EXECUTIVE ACTION/DATE/VOTE ------- REREFERRED ---- DATE READ

SB0023	KEATING, THOMAS		REVISE INVOLUNTARY COMMITMENT FOR CHEMICAL DEPENDENCY					
	12/27	1/10		TABLED ON	01/15	VOTE:		
SB0034	NELSON, LINDA		REQUIRE INSURANCE COVERAGE FOR MINIMUM HOSPITAL STAY AFTER CHILDBIRTH					
	1/03	1/13		TABLED ON	02/06	VOTE:		
SB0055	BENEDICT, STEVE		ALLOW INDIVIDUALS TO ADMINISTER THEIR OWN MEDICAL SAVINGS ACCOUNTS, ETC.					
	1/03	1/31		PASS AS AMENDED	2/5	VOTE:		2/07
SB0061	KEATING, THOMAS		GENERALLY REVISE LAWS RELATING TO FOOD ESTABLISHMENTS					
	1/03	2/03		PASS AS AMENDED	2/5	VOTE:		2/07
SB0068	KEATING, THOMAS		ACCREDITED REHAB FACILITY ELIGIBLE FOR LICENSURE FOR REHAB, CD TREATMENT					
	1/03	1/15		DO PASS	1/27	VOTE: 6-3		1/27
SB0090	GROSFIELD, LORENTS		REVISE SWIMMING POOL LAWS; ADMINISTRATIVE PENALTIES; LICENSURE					
	1/03	1/22		PASS AS AMENDED	2/14	VOTE:		2/18
SB0126	NELSON, LINDA		INCREASING EDUCATIONAL DEBT PAYMENT FOR RURAL PHYSICAN					
	1/07	1/17		DO PASS	1/27	VOTE:		1/27
SB0128	HARGROVE, DON		PROVIDE FOR REGULATION OF INSURANCE CARRIERS OFFERING MANAGED CARE PLANS					
	1/08	1/24		TABLED ON	02/19	VOTE:		
SB0144	KEATING, THOMAS		INCLUDE OB/GYNS AS PRIMARY CARE PHYSICIANS OR SELF-REFERRAL TO OB/GYNS					
	1/09	1/22		PASS AS AMENDED	2/5	VOTE:		2/07
SB0156	CHRISTIAENS, CHRIS		PROHIBIT GAG CLAUSES IN MCO AND HMO CONTRACTS					
	1/09	1/20		TABLED ON	02/19	VOTE:		
SB0162	CHRISTIAENS, CHRIS		REQUIRE HMO DISCLOSURE AND TOLL-FREE TELEPHONE NUMBER					
	1/10	1/20		TABLED ON	02/19	VOTE:		
SB0190	LYNCH, J. D.		REVISE PREFERRED PROVIDER AGREEMENTS					
	1/17	1/29		DO PASS	2/5	VOTE:		2/07

MINUTES

MONTANA SENATE
55th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY

Call to Order: By **CHAIRMAN STEVE BENEDICT**, on January 22, 1997, at 1:00 PM, in Room 410.

ROLL CALL

Members Present:
Sen. Steve Benedict, Chairman (R)
Sen. James H. "Jim" Burnett, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Dorothy Eck (D)
Sen. Sharon Estrada (R)
Sen. Eve Franklin (D)
Sen. Fred Thomas (R)

Members Excused: None

Members Absent: None

Staff Present: Susan Fox, Legislative Services Division
Karolyn Simpson, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:
Hearing(s) & Date(s) Posted: SB 90, 1/10/91
SB 144, 1/13/97
Executive Action: None

HEARING ON SB 144

Sponsor: SENATOR TOM KEATING, SD 5, Billings and Yellowstone Co.

Proponents: Jacqueline Lenmark, American College of OB/Gyn.
Chuck Ludden, MD, Kalispell
Van Kirk Nelson, MD, Kalispell
Jim Nickel, MD, Helena
Tom Olson, MD, Billings
Mary Dalton, DPHHS
Claudia Clifford, State Auditor Office
Steve Yeakel, self
Kate Cholewa, Montana Women's Lobby
Shannin Presinger, self
Angela Fult, self

Opponents: **Jay Erickson, MD, Kalispell**
Tanya Ask, Blue Cross and Blue Shield of MT
Tom Ebzery, Yellowstone Community Health Plan
Tom Hopgood, Health Insurance Association of America
Jim Crighton, Blue Cross and Blue Shield of MT
Steve Turkeiwicz, MT Auto Dealers Insurance Assn. MT Health Care Purchasers
Anita Bennett, Montana Logging Assn.

{Tape: 1; Side: A; Approx. Time Count: 1:07 PM}

Opening Statement by Sponsor:
SENATOR TOM KEATING, SD 5, Billings and Yellowstone Co. said SB 144 which is legislation introduced at the request of the Montana Section of the College of Obstetricians and Gynecologists, referred to as OB/GYN. This legislation is about the health and health care of women and children, and is also about the economics of medical services and insurance costs. It allows a woman the option to choose an OB/GYN as a primary provider and as a gate keeper under managed care without having to go to a primary care physician then referred to the OB/GYN. It deals with the economics by avoiding the original gate keeper under managed care, saving money by not having to get a referral before seeing the OB/GYN. OB/GYN are generally thought of only in terms of pregnancy and child birth but they also treat various conditions and ailments particular to women. By passing SB 144, women are allowed to obtain the health care that she wants and needs.

Proponents' Testimony:
Jacqueline Lenmark, representing the Montana Section of the American College of Obstetricians and Gynecologists, said SB 144 would allow an Obstetrician or Gynecologist to accept primary care physician status within some insurance plans, and to allow women, if they choose, to designate an OB/Gyn as her primary care physician. It also allows women to self refer, within an insurance network within a managed care setting, to self refer for covered services to an Obstetrician or Gynecologist, within the network of their choice. She listed several features of the bill regarding network referrals, covered services being those services recommended by the accreditation council, surcharges and co-pay, and participating physicians requirements. She said it is necessary to request two amendments to SB 144, one being an omission and the other at the request of Blue Cross and Blue Shield. **(EXHIBIT 1)** She said Montana patients want this legislation and submitted signed petitions from several Montana towns. Billings **(EXHIBIT 2)**, Bozeman **(EXHIBIT 3)**, Butte **(EXHIBIT 4)**, Helena-Townsend **(EXHIBIT 5)**, Kalispell-Flathead Co. **(EXHIBIT 6)**, Missoula **(EXHIBIT 7)**

Chuck Ludden, Obstetrician/Gynecologist, Kalispell, said SB 144 is about womens' health care. He said this is not a turf battle or about insurance contracts, it's about what women have always had the right to do, that is to choose the provider they feel will best give them the health care they need. This bill is to give women the right to continue to see the physician they most

frequently have designated as their physician, in the past, for their health care, to serve the unique aspects of women's health care. He said OB/GYNs take care of pregnant women along with any of the complications that may arise during pregnancy, such as diabetes, hypertension, bronchitis, and all of the other things that go with pregnancy. They are taking care of the whole patient. Currently **Dr. Ludden** is a primary care provider with HMO Montana, Blue Cross and Blue Shield. SB 144 is not a mandate that women have to choose OB/GYNs as primary care and not a mandate that OB/GYNs have to be primary care, but gives women the option to choose.

Van Kirk Nelson, Obstetrician/Gynecologist, Kalispell, said he has seen many changes in medical care through the years. Access to obstetrical care was withdrawn from the people of Montana due to high liability costs, when 50% of the family practice physicians in Montana gave up the practice of obstetrics, then the Legislature gave relief to again allow access through torte reform. Now we're faced with another access issue, and that is about 250,000 Blue Cross and Blue Shield insured people in Montana, and future people in Montana in an HMO in which there is no access to their providers who provided care in the past. To deny that access could cause physicians to leave Montana because physicians depend on patients for their source of income for themselves, their medical office and employees. The majority of womens' health issues relate to female problems and the four major causes of death in women are breast cancer, ovarian cancer, uterine cancer, and cervical cancer. All of these things are within the OB/GYN area of training. Women should not be denied access under any program. Women don't overuse the services of OB/Gyn providers, but women need access to that care.

Jim Nickel, Obstetrician/Gynecologist, Helena, said the education of an OB/GYN consists of four years of medical school plus four years of specialization, with one of those years, six to eight months of which is devoted to primary care specialties, two to three months in geriatric medicine, one month in pediatrics, and one to two months in continuing care programs which are designated primary care. Each year there are voluntary upgrading and continuing medical education programs offered to physicians.

Tom Olson, Obstetrician/Gynecologist, Billings, said a patient he had been caring for for several years, recently told him her husband's insurance had been changed to an HMO program and she would have to find another provider to care for her. He said this is the kind of thing that is happening and will be more frequent as more HMO's come into Montana.

Mary Dalton, Health Policy and Services Division, DPHHS, said they support the first part of SB 144. She said they are requesting an amendment **(EXHIBIT 8)** because that language is broader than just applying to people under Medicaid in the HMO program.

Claudia Clifford, State Auditor Office, said they acknowledge the gate keeper system has some shortcomings, especially for our population that doesn't have much a presence of HMO's. Legislation like this addresses those kinds of issues and makes it more reasonable for women who consider their OB/GYN to be someone they see more often than their general practitioner.

Steve Yeakel, representing self, said he spends a lot of his volunteer time working on the state-wide program "Healthy Mothers, Healthy Babies." They are involved in any issue that promotes better care for mothers and their babies during pregnancy, and thereafter. They have not taken an official position on SB 144, but do support the concept.

Kate Cholewa, Montana Women's Lobby, supports SB 144.

Shannin Presinger, representing self, supports SB 144.

Angela Fult, representing self, supports SB 144.

Opponents' Testimony:
Jay Erickson, Family Practice physician, Whitefish, representing the American Academy of Family Practice, spoke in opposition to SB 144. **(EXHIBIT 9).** He provided copies of American Academy of Family Practice definitions. **(EXHIBIT 10)**

Tanya Ask, Blue Cross and Blue Shield of Montana, said she would specifically address one part of this bill. **(EXHIBIT 11)**
{Tape: 1; Side: B; Approx. Time Count: 1:46}

Tom Ebzery, Yellowstone Community Health Plan, said they oppose SB 144. Yellowstone Community Health Plan does have OB/GYNs as primary care physicians but they must meet and be trained to treat a variety of conditions. They have direct access, but there is a problem when the OB/GYN is a primary care physician, because it results in more referrals, higher costs, and gets away from the gate keeper concept.

Tom Hopgood, representing the Health Insurance Association of America, said one of the phrases he heard during the proponents testimony was "deny access" and "HMO's deny access to medical care." He said he didn't think that was correct. There has been anecdotal evidence from other states, but hasn't heard of anybody in Montana who was denied access to medical care by an HMO gate keeper. For years we have been dealing with a so-called crisis in health care and the crisis of the uninsured. The insurance industry has come up with some innovative ideas to make health insurance more accessible and provide people with needed access to needed medical care. HMO's are a large part of the solution to the problems in this country for people not being able to get the adequate health care they need. He said during the debates about mandated health insurance benefits that occurred eight to ten years ago, several groups of providers (chiropractors, licensed professional counselors, naturopaths, and others), each

testifying as to the services each could provide. And just like the OB/GYNs, an argument can be made that their services aren't going to cost very much and they can solve these problems, but each group being brought in, cost is added, and the HMO concept has been gutted and countered the cost savings that are accomplished by managed care.

Jim Crichton, Family Practitioner, and Medical Director for Blue Cross and Blue Shield, said it's difficult to oppose the idea of OB/GYNs doing primary care when they have the training and desire to do it. He said he does not oppose section three, but opposes section four, which allows direct access without using the referral system. It isn't possible to have a system where each specialty carves out a special deal, because if you do that, it's no longer managed care. He said they haven't much trouble with people complaining about access or quality of medical care, but it's the cost that is the problem.

Steve Turkeiwicz, Montana Auto Dealers Insurance Press, and representing the Montana Association of Health Care Purchasers, said they are interested in looking at managed care and oppose SB 144 for the reasons stated in previous testimony.

Anita Bennett, representing Montana Logging Association, said they have a health insurance program and do not oppose the environment of access, but are concerned with managed care helping them keep their costs of medical services down, and oppose SB 144.

Questions From Committee Members and Responses:
SENATOR SHARON ESTRADA asked about the rising cost aspect that **Mr. Hopgood** spoke of.

Dr. Van Kirk Nelson said Medicaid has statistics based on their managed care programs, 40% of pregnant women in Montana receive Medicaid benefits, and in the Flathead, 52% of pregnant women are Medicaid recipients. The length of stay and cost of per illness to Medicaid for obstetricians taking care of patients is less than that of family practitioners. The cesarean rates are lower and our rates are lower.

SENATOR ESTRADA asked about the statement **Tanya Ask** had made regarding the problems of doctors making referrals and duplicating tests, and wondered if doctors request copies of results from the other physician.

Tanya Ask said they are concerned with the potential duplication services, which is one of the large costs in medical care. They do agree with **Dr. Nelson** regarding obstetrical services and that is why HMO Montana allows direct access for this service. With respect to direct access, in a managed care program, a patient chooses a personal care physician who is responsible for treating comprehensive health care needs, and that physician has already been paid up-front, a dollar amount for the care of a full range

of services. That physician has a lot of information and has results from various tests. SB 144 says a patient has the opportunity, for any gynecological services, can opt out of seeing the HMO doctor and go to a gynecologist for those services. The primary care physician and gynecologist may or may not coordinate or share information or test results. The primary care physician has already been paid for performing these tests, and without any coordination, the OB/GYN could perform those same tests, be paid for them, thus duplicating tests and payments.

SENATOR ESTRADA asked what is meant by "up front."

Tanya Ask said under managed care, payment is called capitation, which means the managed care organization or HMO has paid a primary care an amount for patient care and that doctor is supposed to take care of patients for specified services under the plan. The doctor is paid up front for a full array of services, whether patients use them or not.

SENATOR DOROTHY ECK said **Tanya Ask** had stated, under a managed care program or HMO a person can choose their primary care provider. **SENATOR ECK** asked if there was any objection to a person's choice is an OB/Gyn for that primary care.

Tanya Ask said Blue Cross and Blue Shield of Montana does have, within their network arrangement, family practitioners, internists, pediatricians and some obstetrician-gynecologists with that network who have agreed, and want to be under, the personal care contract. The concern Blue Cross and Blue Shield has is with the direct access provision.

SENATOR ECK said our insurance law would not guarantee that other companies wouldn't provide that a person could choose and OB/Gyn as their primary care provider.

Tanya Ask said there is nothing in the insurance code that says obstetrician/gynecologist could be a personal care physician.

SENATOR ECK asked how specific is the law about choosing a primary care provider.

Tanya Ask said, under current HMO law lays out some specific notification criteria for individuals who are going to be under a managed care contract. It says there must be providers within an area, there must be reasonable access, and the HMO must explain to its member what a personal care physician, who is included on that panel, and what happens if there are disputes between the patient and the personal care physician.

SENATOR ECK asked whether a person could choose to have a nurse as a personal care provider.

Tanya Ask said there is nothing which says who will be contracted with or who can be contracted with to be the personal care physician.

SENATOR LARRY BAER said he believes choice must be preserved and avoid the duplication of services and cost. He asked about the potential for increased cost by first seeing a primary care physician then referred to a specialist.

Tanya Ask said she is not saying people are restricted from choosing managed care organization, but people may not have a choice because they can't afford the present system. One of the goals of the managed care system, is preventing an illness or treating it in the early stages. In a primary care organization, services are paid for up front and if a specialist care is needed, the consultant charges a fee.

CHAIRMAN STEVE BENEDICT asked **SENATOR BAER** if his question has been answered, and **SENATOR BAER** said no it had not. It was an explanation but did not address the question. He was addressing the potential of increasing the cost of health care because of the necessity of requiring a patient to get a referral prior to consultation with an obstetrician/gynecologist. He said **Tanya Ask** said there was a duplication of services and he does not agree with that. He asked **Tanya Ask** if she was saying people are giving up their right of choice for a physician and different types of health care because they cannot afford to have health care insurance unless they choose an organization like hers, which would restrict them from choice.

Tanya Ask said she is not saying people are being restricted into choosing our particular type of organization, but is saying in the overall arena of health care, people may have that choice about health care because people cannot always afford the health care they need. Choices are made for a number of people on whether or not they can afford health care. Regarding consultation fees and duplication of services, there are consultation fees, but in a primary care model, an array of services have been paid for up front and a patient may not need specialty care. But, if specialty care is needed, it works the same way in a primary care HMO as a fee for service environment. If specialty care is needed, a fee will be charged by that specialist, regardless of the type of system. Where there is direct access, the primary care provider has already agree to perform certain services, and the specialist provider will also need to do some things, so there could be a duplication. Within a managed care environment, they have not seen HMO costs to be higher than fee for service. Whether a person chooses an HMO or fee for service, the cost is the same, but under the HMO there is a greater level of benefits, because primary and preventative services are built in.

SENATOR FRED THOMAS asked if it is possible to capitate OB/GYN services under the preferred provider network and bring the care providers together.

Tanya Ask said that is possible if the obstetricians and gynecologists are interested in being included, then it is a spin off and is more like a point of service product, and is actually a second level network of providers.

CHAIRMAN BENEDICT said to **Tom Ebzery,** we have heard about the denial of access and wondered how someone in the Yellowstone Community Health Plan would access an OB/Gyn, and asked if they would be denied access because the OB/GYN is not a primary provider.

Tom Ebzery said they have a panel of OB/GYN in their plan and women have a choice of the contracted providers.

CHAIRMAN BENEDICT asked what happens if a patient wants to go outside this group of OB/Gyns.

Tom Ebzery said the patient would not be denied access because the OB/GYN is not in the plan, but the patient would have to pay for those services.

CHAIRMAN BENEDICT asked if a patient can self refer, even if the OB/GYN is in the plan.

Tom Ebzery said no, but they provide for OB/GYNs, if they choose to be primary care physicians, otherwise, patients must be referred by the primary care.

SENATOR ESTRADA said one closest relationships a woman has is with her doctor, outside of her husband and family. She has gone to her gynecologist for primary care because of her trust and confidence in him.
{Tape: 2; Side: A; Approx. Time Count: 2:15 PM}

Closing by Sponsor:
SENATOR KEATING said OB/GYNs have extra education in other health areas, other than just the gynecological/obstetrical services they provide, and therefore qualify as a primary care provider. There is referral back and forth between the family physician who is the primary care provider or gate keeper and the OB/GYN. This is a bill of choice, not a mandate for anyone. OB/GYNs can choose to be a primary care provider and a gate keeper for certain patients, who, by choice, prefer access in that direction. That doesn't prevent those same people from choosing family practice physician. There was testimony that the cost is less by choosing an OB/GYN as the primary care provider. If one group can be capitated in the plan, there is no reason another group can't be capitated in the plan, so the cost seems to balance out. SB 144 is only for access for OB/GYNs. He said there is a difference between a primary care provider and direct access for a

particular specialty. If someone doesn't want to belong to a play, they stay outside and pay for the services elsewhere, but if the OB/GYNs are in the network, he sees no reason someone can't choose entry to those services from an OB/GYN who is qualified as a primary care provider or a family physician who is a primary care provider.

AT THIS POINT, CHAIRMAN BENEDICT TURNED THE MEETING OVER TO VICE CHAIRMAN JIM BURNETT.

HEARING ON SB 90

Sponsor: **SENATOR LORENTS GROSFIELD, SD 13, Big Timber**

Proponents: **Nancy Ellery, DPHHS**
Ed Henrich, MT Innkeepers, Fairmont Hot Springs Resort
Joan Miles, City/county Sanitarian, Helena
Jim Kembel, City of Billings

Opponents: None

Opening Statement by Sponsor:
SENATOR LORENTS GROSFIELD, SD 13, Big Timber, said SB 90 was requested by the Department of Health and Human Services. It revises the laws related to public swimming pools. Since the agency deadline of December 31, 1996 for this bill, there have been some negotiations between the affected parties and the Department of Health. He has some suggested amendments to SB 90, which cut back the scope of the bill. **(EXHIBIT 12)**

Proponents' Testimony:
Nancy Ellery, Health Policy and Services Division, Department of Public Health and Human Services, said they support SB 90. **(EXHIBIT 13)**

Ed Henrich, General Manager, Fairmont Hot Springs Resort, President of Montana Inn Keepers Association, said they were concerned about SB 90 as introduced, but have had several meetings with the Department of Health resulting in several amendments to the bill, and they support to the amendments. They are requesting section nine, Facility Plan Review Required, of the bill be amended. He referred to page six, line 27, and suggested the word "alteration" be eliminated and insert a new word to make it clear that Facility Plant Review is not required for something as minor as moving pool lockers a few feet in the same pool area. They support an amended SB 90, but urge the Department of Health to be aware of the cost of any new regulations which generate more paper work and cost for the industry.

Joan Miles, Director, City/County Sanitarian for Lewis & Clark County, said they support SB 90 with the proposed amendments. She said SB 90 with the amendments really don't make a lot of major changes to current law, but do make sensible and worthwhile

MINUTES

MONTANA SENATE
55th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY

Call to Order: By **CHAIRMAN STEVE BENEDICT**, on February 5, 1997, at 3:00 PM, in Room 410.

ROLL CALL

Members Present:
Sen. Steve Benedict, Chairman (R)
Sen. James H. "Jim" Burnett, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Dorothy Eck (D)
Sen. Sharon Estrada (R)
Sen. Eve Franklin (D)
Sen. Fred Thomas (R)

Members Excused: None

Members Absent: None

Staff Present: Susan Fox, Legislative Services Division
Karolyn Simpson, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted:	HB 184, 1/29/97
	HB 107, 1/27/97
	SB 260, 1/31/97
Executive Action:	SB 144, SB 208, SB 55, SB 190, SB 61, SB 254, SB 34

{Tape: 1; Side: A; Approx. Time Count: 3:00 PM}

HEARING ON HB 184

Sponsor: **REP. RAY PECK, HD 91, Havre**

Proponents: **Glenn Martyn, PawsAbilities**
Lindsay Schmidt, PawsAbilities

Opponents: None

Discussion: **SENATOR ECK** asked how many bills that have been heard are included in the KK.

CHAIRMAN BENEDICT said SB 34 is the one in this committee and there are several in the Senate Business and Industry.

SENATOR ECK asked if the wording is identical to the federal bill or to the bill being drafted.

CHAIRMAN BENEDICT said the wording in **SENATOR NELSON's** SB 34 is in conformance with the federal Kennedy-Kassebaum. The bill being drafted includes the identical language contained in SB 34.

EXECUTIVE ACTION ON SB 144

Motion: **SENATOR FRED THOMAS moved SB 144 DO PASS.**

Amendments: **CHAIRMAN BENEDICT** asked if there are amendments.

Motion: **SENATOR THOMAS moved the amendments (SB014401.asf) DO PASS.** He said they are consensus amendments, agreed to by the OB/GYNs, the insurer entities, and everyone who testified on the bill. (SB014401.asf) **(EXHIBIT 4)** The auto dealers withdrew their opposition. He said the amendments clarify that the bill applies only to covered services in a given health benefit plan and self referral is confined within the benefit plan network, reclarifying that participation of OB/GYNs as primary care is condition upon physicians meeting the same credentials, and the health plan not being required to employ a specified number if an insufficient number are willing, allows the health plan to limit self referral according to medical guidelines, and clarifies reimbursement of OB/GYNs.

SENATOR FRANKLIN said there was a later consensus on another issue between the insurers and **Jacqueline Lenmark,** which takes out the phrase "under supervision." She said the Advanced Practice Registered Nurses (APRN) don't practice under supervision.

CHAIRMAN BENEDICT the discussion should be confined to the amendments before the committee, then they could be amended further, because the motion on the table is to adopt SB014401.asf amendments.

SENATOR ECK said she thinks it is appropriate to amend the amendments.

CHAIRMAN BENEDICT said there would be an opportunity to do that, but first the amendments on the table must be acted upon, then amend the amendments.

SENATOR ECK asked if it is possible to amend the amendments before adopting them.

SENATOR BURNETT said the procedure is to act on the amendments then amend them.

Vote: **The DO PASS motion for amendments SB014401.asf PASSED UNANIMOUSLY.**

Amendments: **SENATOR FRANKLIN** said there is an amendment taking "under supervision" out because the APRNs do not practice under supervision.

Susan Fox explained the amendments, adding a contingency, SB014403.asf will not work now that SB014401.asf has been adopted.

Motion: **SENATOR FRANKLIN made a MOTION the conceptual amendments to SB 144 DO PASS, that any place it says "under supervision" be taken out.** The reason that is appropriate is APRNs practice under independent scope of practice and do not practice under supervision. In this instance they collaborate with but don't, under law, practice under supervision.

Discussion: **CHAIRMAN BENEDICT** asked if these are consensus amendments or is it something that was just worked out with the OB/Gyns.

SENATOR THOMAS said the amendment makes good sense.

Vote: **The DO PASS motion for the conceptual amendments to SB 144 PASSED UNANIMOUSLY.**

Discussion: **SENATOR FRANKLIN** said she has two more amendments. The initial motivation for this bill came from OB/GYNs because they are interested in becoming primary care providers, but the Advanced Practice nurses are concerned about the bill. APRNs were put into this bill because OB/GYNs wanted to protect their ability to have APRNs working in collaboration with them in their practice. The APRNs want an amendment that is another issue. She read amendment to insert "New section." (SB014404.asf) **(EXHIBIT 5)** **Jacqueline Lenmark** and the insurers do not like this amendment.

Motion: **SENATOR FRANKLIN moved the amendments (SB014404.asf) to SB 144 DO PASS.**

SENATOR THOMAS asked **SENATOR FRANKLIN** to explain the intent of the amendment.

SENATOR FRANKLIN said if a consumer wants to be a patient of a family practice nurse practitioner, who is able to provide women's health care services plus primary care for such things as colds and flu, they would not be precluded from access to this health care provider in the managed care network of providers.

SENATOR THOMAS said, so, an individual could go to a family practice nurse for OB/GYN services.

SENATOR FRANKLIN said yes.

SENATOR ECK asked if this doesn't require the family practice nurse be part of a plan.

Susan Fox said SB014404.asf amends the amendment, SB014401.asf, then amends the bill. She said **SENATOR FRANKLIN's** amendment would include the nurse practitioners, by definition, in the plan, if they were available and practiced within the geographic service area. It's back to the original language, putting them back into the definition, which amendment SB014401.asf took them out.

Vote: **The motion for amendment, SB014404.asf, to SB 144 FAILED with SENATORS ECK and FRANKLIN voting YES.**

Motion: **SENATOR FRANKLIN moved the amendment, SB014405.asf, DO PASS. (EXHIBIT 6)** She referred to page four, line four, saying in the new amended version, it deals with self referral. The new amendment says the covered person requires notification to the plan prior to self referral. The question is, if there is some failure to make that notification, does that mean services can be denied.

Discussion: **SENATOR THOMAS** asked if services could be provided though my plan requires me to notify them, and asked **SENATOR FRANKLIN** if she was saying that would be void.

SENATOR FRANKLIN said what she would like to do is, if notification is not made, for whatever reason, and the person goes directly to their OB/GYN, there would be some sort of penalty or increase of the co-pay, and not just have it denied.

SENATOR THOMAS said he understands what **SENATOR FRANKLIN** is trying to do, but doesn't think the amendments should be changed at this time.

SENATOR LARRY BAER asked **Tanya Ask** if Blue Cross and Blue Shield provides a 24-hour phone for notification of services.

Tanya Ask said there is a 24-hour line for emergency situations. Every HMO is different, but under their plan, a self-referral for an emergency would be covered, but if a person self-refers and doesn't notify the plan because they forgot to get a referral, the claim may be denied. But if the individual come back and explains the situation, it would probably be overturned.

Vote: **The DO PASS motion for amendment (SB014405.asf) FAILED with SENATOR FRANKLIN voting YES.**

Motion: **SENATOR CHRISTIAENS moved the amendments, SB014402.asf, (EXHIBIT 7) to SB 144 DO PASS.**

Discussion: **CHAIRMAN BENEDICT** asked if this amendment was discussed with those people who have been collaborating on the bill.

SENATOR CHRISTIAENS said he has not, but it was his impression, at the time of the hearing, these amendments are necessary for the Department of Health to continue to require referrals for the Medicaid Passport program.

Mary Dalton, Department of Health, said they had agreed on these amendments.

CHAIRMAN BENEDICT asked why this amendments was not included with the amendments from the OB/GYNs.

Jacqueline Lenmark, Montana Section of American College of Obstetricians and Gynecologists, said these amendments were not included in the comprehensive set of amendments because it's being requested by a public agency, but they had agreed on them.

SENATOR THOMAS asked why this is being done.

Susan Fox said this has two different agency amendments in it. Amendments one and three are the codification that the State Auditors Office identified, and amendment number two is requested by the Department of Health.

CHAIRMAN BENEDICT, clarified, saying, one and three are auditors amendments and two is DPHHS.

SENATOR THOMAS asked why number three is being done.

Susan Fox said it was due to the codification instruction on page five of the bill, codifies it into title 33, chapter 22. Chapter 22 is for disability insurance. The term primary care provider is used specifically under HMO concepts, which is title 33, chapter 31. The State Auditors office said this amendment would make it clear it applies to HMOs and to general disability insurance.

Vote: **The DO PASS MOTION for the amendments (SB014402.asf) to SB 144 PASSED UNANIMOUSLY.**

Motion/Vote: **SENATOR THOMAS moved SB 144 AS AMENDED DO PASS. The motion PASSED UNANIMOUSLY.**

EXECUTIVE ACTION ON SB 208

Motion: **SENATOR SHARON ESTRADA moved SB 208 DO PASS.**

Motion: **SENATOR CHRISTIAENS moved the amendments to SB 208 DO PASS.**

Discussion: **SENATOR ESTRADA** asked **Larry Akey** to explain the amendment. His understanding is the Governor's budget request

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
55th LEGISLATURE - REGULAR SESSION

COMMITTEE ON BUSINESS & LABOR

Call to Order: By CHAIRMAN BRUCE SIMON, on January 8, 1997, at 8:00 AM, in Room 325 of State Capitol.

ROLL CALL

Members Present:

Rep. Bruce T. Simon, Chairman (R)
Rep. Paul Sliter, Vice Chairman (Majority) (R)
Rep. Robert J. "Bob" Pavlovich, Vice Chairman (Minority) (D)
Rep. Joe Barnett (R)
Rep. Rod Bitney (R)
Rep. Sylvia Bookout-Reinicke (R)
Rep. Charles R. Devaney (R)
Rep. David Ewer (D)
Rep. Kim Gillan (D)
Rep. Billie Krenzler (D)
Rep. Bob Lawson (R)
Rep. Rod Marshall (R)
Rep. Gay Ann Masolo (R)
Rep. Wes Prouse (R)
Rep. Carolyn M. Squires (D)
Rep. Jay Stovall (R)
Rep. Cliff Trexler (R)
Rep. Joe Tropila (D)
Rep. Carley Tuss (D)

Members Excused: None

Members Absent: None

Staff Present: Stephen Maly, Legislative Services Division
Pati O'Reilly, Committee Secretary

Committee Business Summary:

Hearing(s) & Date(s) Posted: Comments on Licensing and Occupational Boards, 1/6/97
Executive Action: None

HEARING ON OCCUPATIONAL AND LICENSING BOARDS

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
55th LEGISLATURE - REGULAR SESSION

COMMITTEE ON BUSINESS & LABOR

Call to Order: By **CHAIRMAN BRUCE SIMON**, on March 4, 1997, at 8:00 AM, in Room 104.

ROLL CALL

Members Present:

Rep. Bruce T. Simon, Chairman (R)
Rep. Paul Sliter, Vice Chairman (Majority) (R)
Rep. Robert J. "Bob" Pavlovich, Vice Chairman (Minority) (D)
Rep. Joe Barnett (R)
Rep. Rod Bitney (R)
Rep. Sylvia Bookout-Reinicke (R)
Rep. Charles R. Devaney (R)
Rep. David Ewer (D)
Rep. Kim Gillan (D)
Rep. Billie Krenzler (D)
Rep. Bob Lawson (R)
Rep. Rod Marshall (R)
Rep. Gay Ann Masolo (R)
Rep. Wes Prouse (R)
Rep. Carolyn M. Squires (D)
Rep. Jay Stovall (R)
Rep. Cliff Trexler (R)
Rep. Joe Tropila (D)
Rep. Carley Tuss (D)

Members Excused: None

Members Absent: None

Staff Present: Stephen Maly, Legislative Services Division
Pati O'Reilly, Committee Secretary

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 61; SB 144; SB 192 (2/19/97)
Executive Action: SB 144

HEARING ON SB 61

Opening Statement by Sponsor: **Sen. Tom Keating,** S.D. 5 introduced the bill.
{Tape: 1; Side: 1; Approx. Time Count: 3.7; Comments: None.}

Proponents' Testimony:
Nancy Ellery, MT Dept. Health and Human Services. EXHIBIT 1.
{Tape: 1; Side: 1; Approx. Time Count: 9.6; Comments: None.}

Brad Griffin, MT Restaurant Association.
{Tape: 1; Side: 1; Approx. Time Count: 17.8; Comments: None.}

Bud Williams, MT Innkeepers Assn.
{Tape: 1; Side: 1; Approx. Time Count: 19.0; Comments: None.}

Bill Stevens, MT Food Distributors Assn.
{Tape: 1; Side: 1; Approx. Time Count: 19.4; Comments: None.}

Jim Carlson, Acting Dir. Missoula City-County Health Dept.
{Tape: 1; Side: 1; Approx. Time Count: 19.7; Comments: None.}

Ted Keilander, Yellowstone Co. Health Dept.
{Tape: 1; Side: 1; Approx. Time Count: 24.3; Comments: None.}

Kathy Moore, Lewis and Clark County Health Dept.
{Tape: 1; Side: 1; Approx. Time Count: 27.7; Comments: None.}

Rep. Joe Tropila, H.D. 47, Cascade Co. Health Dept. EXHIBIT 2 (2 PAGES).
{Tape: 1; Side: 1; Approx. Time Count: 28.7; Comments: None.}

Opponents' Testimony: None.

Questions From Committee Members and Responses:
{Tape: 1; Side: 1; Approx. Time Count: 29.4; Comments: None.}

Closing by Sponsor: **Sen. Keating** closed.
{Tape: 1; Side: 2; Approx. Time Count: 7.4; Comments: Rep. Krenzler to carry if passed..}

HEARING ON HB 144

Opening Statement by Sponsor: **Sen. Keating,** S. D. 5, introduced the bill.
{Tape: 1; Side: 2; Approx. Time Count: 10.4; Comments: None.}

Proponents' Testimony:
Jacqueline Linmark, American Society of Obstetrical-Gynecologist Society. EXHIBIT 3,4,5,8,9.
{Tape: 1; Side: 2; Approx. Time Count: 16.3; Comments: None.}

Dr. Pat Holland, OB/GYN, Bozeman, MT
{Tape: 1; Side: 2; Approx. Time Count: 25.7; Comments: None.}

Dr. Jim Nichols, OB/GYN, Helena, MT
{Tape: 1; Side: 2; Approx. Time Count: 31.8; Comments: None.}

Dr. Robin Ally-Hay, OB/GYN, Helena, MT
{Tape: 1; Side: 2; Approx. Time Count: 38.8; Comments: None.}

Kate Cholera, Women's Lobby.
{Tape: 1; Side: 2; Approx. Time Count: 38.8; Comments: None.}

Steve Yeakel, Helena, MT
{Tape: 1; Side: 2; Approx. Time Count: 40.1; Comments: None.}

Dr. Mike Hay, OB/GYN, Helena, MT
{Tape: 1; Side: 2; Approx. Time Count: 40.4; Comments: None.}

Dr. Charles Ludden, Kalispell, MT by Rep. Sliter EXHIBIT 10

{Tape: 1; Side: 2; Approx. Time Count: 41.3; Comments: None.}

Tonya Ask, Blue Cross-Blue Shield
{Tape: 1; Side: 2; Approx. Time Count: 41.3; Comments: None.}

Claudia Clifford, State Auditor's Office, State of MT
{Tape: 2; Side:1; Approx. Time Count: .0; Comments: None.}

Rep. Bookout, H.D. 71
{Tape: 2; Side: 1; Approx. Time Count: 1.6; Comments: None.}

Opponents' Testimony: None.

Questions From Committee Members and Responses:
{Tape: 2; Side: 1; Approx. Time Count: 4.0; Comments: None.}

Closing by Sponsor: **Senator Tom Keating** closed.
{Tape: 2; Side: 1; Approx. Time Count: 7.5; Comments: Rest of Tape 2, Side 1 is blank due to accidental unplugging.}

CHAIRMAN SIMON appointed a sub-committee on SB 61. Sub-committee chairman is REP. BARNETT, members-Reps. Sliter and Krenzler.
{Tape: 2; Side: 2; Approx. Time Count: .6; Comments: None.}

HEARING ON HB 192

Opening Statement by Sponsor: **Rep. Tom Keating,** S. D. 5, introduced the bill.
{Tape: 2; Side: 2; Approx. Time Count: 2.6; Comments: None.}

Proponents' Testimony:
Mary McCue, MT Dental Association. EXHIBIT 6 AND 7.

Opponents' Testimony: None.
{Tape: 2; Side: 2; Approx. Time Count: 7.8; Comments: Balance of Tape 2, Side 2 is blank. Due to accidental unplugging..}

Questions From Committee Members and Responses:
{Tape: 3; Side: 1; Approx. Time Count: 3.7; Comments: None.}

Closing by Sponsor: **Sen. Keating** closed.
{Tape: 3; Side: 1; Approx. Time Count: 31.9; Comments: None.}

EXECUTIVE ACTION ON SB 144

Motion: **Rep. Masolo** moved do concur SB 144.
{Tape: 3; Side: 1; Approx. Time Count: 38.2; Comments: None.}

Motion/Vote: **Rep. Ewer** moved to adopt Ewer amendments. Motion carried unanimously.
{Tape: 3; Side: 1; Approx. Time Count: 39.8; Comments: None.}

Motion/Vote: **Rep. Devaney** moved do pass SB 144 as amended. Motion carried 18-1. **Rep. Krenzler** voted no.
{Tape: 3; Side: 1; Approx. Time Count: 40.2; Comments: None.}